

# Virginia

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## State CARE Act Program Profile

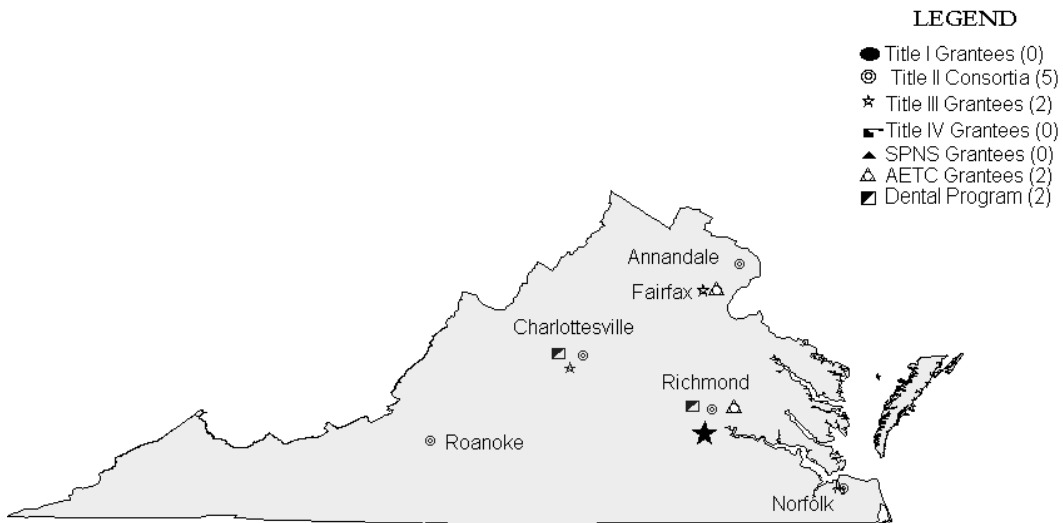
### CARE Act Funding History Since 1996

Fiscal Year	1996	1997	1998	Total
Title I	\$0	\$0	\$0	\$0
Title II (including ADAP)	\$5,365,718	\$8,116,678	\$10,452,242	\$23,934,638
ADAP	(\$900,072)	(\$2,881,631)	(\$5,015,929)	(\$8,797,632)
Title III	\$0	\$400,000	\$743,025	\$1,143,025
Title IV	\$0	\$0	\$0	\$0
SPNS	\$0	\$0	\$0	\$0
AETC	\$79,521	\$59,640	\$410,000	\$549,161
Dental	\$17,994	\$22,545	\$24,106	\$64,645
<b>Total</b>	<b>\$5,463,233</b>	<b>\$8,598,863</b>	<b>\$11,629,373</b>	<b>\$25,691,469</b>

### Number of CARE Act-funded Grantees in State (in addition to Title II and ADAP grants)

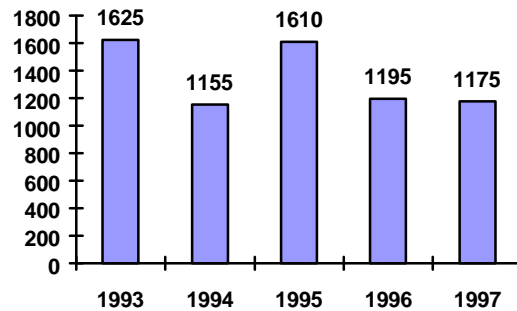
	1996	1997	1998
Title I	0	0	0
Title III	0	1	2
Title IV	0	0	0
SPNS	0	0	0
AETC (grantee or subcontractor)	2	2	2
Dental	2	2	2

## Location of FY 1998 CARE Act Grantees and Title II Consortia



## HIV/AIDS Epidemic in the State: Virginia (Pop. 6,733,996)

- ▶ Persons reported to be living with AIDS through 1997: 4,130
- ▶ New AIDS Cases by Calendar Year, 1993-1997
- ▶ Persons reported to be living with HIV infection (not AIDS) through 1997: 6,477
- ▶ State reporting requirement for HIV: Name-based reporting for HIV (initiated July 1989)
- ▶ State AIDS Cases (cumulative) since 1993: 6,760 (2% of AIDS cases in the U.S.)



### Demographics of AIDS Cases Reported in 1997

	State-Specific Data	National Data
Men (13 years and up):	79%	78%
Women (13 years and up):	21%	22%

	State-Specific Data	National Data
<13 years old :	1%	1%
13-19 years old :	1%	1%
20+ years old :	98%	98%

	State-Specific Data	National Data
White:	33%	33%
African American:	62%	45%
Hispanic:	4%	21%
Asian/Pacific Islander:	1%	<1%
Native American/Alaskan Native:	0%	<1%

	State-Specific Data	National Data
Men who have sex with men (MSM):	42%	35%
Injecting drug user (IDU):	17%	24%
Men who have sex with men and inject drugs (MSM/IDU):	5%	4%
Heterosexual contact:	20%	13%
Other, unknown or not reported:	16%	24%

### Pediatric Cases, by exposure category

	State-Specific Data	National Data
Hemophilia/coagulation disorder:	0%	<1%
Mother with/at risk for HIV infection:	90%	91%
Receipt of blood transfusion, blood components, or tissue:	0%	<1%
Other, unknown or not reported:	10%	8%

### Co-morbidities

	State Cases per 100,000 Population	U.S. Cases per 100,000 Population
Chlamydia (1996)	177.6	194.5
Gonorrhea (1996)	140.4	124.0
Syphilis (1996)	5.9	4.3
TB (1997)	5.2	7.4

### Statewide Coordinated Statement of Need (SCSN)

To enhance collaboration in HIV needs assessment and planning activities among CARE Act grantees and to maximize CARE Act resources statewide, Title II grantees were required to develop, in collaboration with other CARE Act grantees, an SCSN by March 1998. SCSNs must include: a discussion of existing needs assessments; epidemiologic data; discussion of emerging issues in HIV care in the state; critical gaps in HIV medical and support services; and broad goals to address major service gaps.

- ▶ **Gaps:** transportation, mental health, substance abuse, dental, housing, and employment services; child, foster and respite care; permanency planning; access to non-ADAP medications; education on new therapies; evaluations/outcomes; and lack of trained providers
- ▶ **Emerging Needs:** complex new therapies and shifts in service needs; multiple diagnosis; decreased funding/increased demand for services; welfare reform; accountability/adaptability of service providers; and changing demographics of the epidemic

## State Medicaid Information

In 1998, Medicaid is estimated to have covered 55% of U.S. adults with AIDS and 90% of pediatric AIDS cases. Applying these percentages to the number of AIDS cases in the U.S., at least 108,000 individuals with AIDS were covered by Medicaid in 1998.

### Medicaid Income Eligibility Requirements

Eligibility Category	Income
Adult Aged/Blind/Disabled*	75% FPL
Pregnant Women	133% FPL
Medically Needy	33% FPL

\*Income eligibility for State's ADAP program is 200% FPL.

### Medicaid Prescription Drug Benefits Limits

Co-payment:	Yes
Limit on Rx per month:	No
Refill limit:	No
Quantity Limit:	No

### Waivers

#### 1115

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services broad authority to waive provisions in Title XIX, the Medicaid statute. Populations covered vary from waiver to waiver, as does the scope of coverage and the nature of the provider organization.

**1115 waiver:** No

#### 1915(b)

Section 1915(b) of the Social Security Act authorizes the Secretary of Health and Human Services to waive compliance with certain portions of the Medicaid statute that prevent a state from mandating that Medicaid beneficiaries obtain their care from a single provider or health plans.

**1915(b) waiver(s):** Yes

## Title II: Virginia

Title II funds are provided to States and Territories to improve the quality, availability and organization of health care and support services for PLWH. From FY 1991 to FY 1998, more than \$1.9 billion in funding was appropriated for Title II programs in the U.S.

### Funding History

Fiscal Year	1996	1997	1998	Total
Title II Formula Grant	\$5,365,718	\$8,116,678	\$10,452,242	\$23,934,638
ADAP (included in Title II grant)	(\$900,072)	(\$2,881,631)	(\$5,015,929)	(\$8,797,632)
Minimum Required State Match	\$2,682,859	\$4,058,339	\$5,226,121	\$11,967,319

### Allocation of Funds

	1998
Health Care (State Administered)	\$7,795,296/75%
Home and Community Care	(\$0)
Health Insurance Continuation	(\$0)
ADAP/Treatments	(\$7,795,296)
Direct Services	(\$0)
Case Management (State Administered)	\$0/0%
Consortia	\$1,746,510/17%
Health Care*	(\$972,274)
ADAP/Treatment	(\$100,602)
Case Management	(\$534,002)
Support Services**	(\$139,632)
Administration, Planning and Evaluation (Total State/Consortia)	\$910,436/9%

\* includes: diagnostic testing, preventive care and screening, prescribing and managing medication therapy, continuing care and management of chronic conditions, and referral to specialty care.

\*\* includes: counseling, direct emergency financial assistance, companion/buddy services, day and respite care, housing assistance, and food services.

## Consortia Activities, FY 1997

States provide services directly or through subcontracts with Title II HIV care consortia. A consortium is an association of public and nonprofit health care and support service providers and community-based organizations that plans, develops and delivers services for people living with HIV disease.

Number of consortia in State: 5

Consortium Name	Location	Service Area	Title II Funding, FY 1997
Central VA HIV Care Consortium	Richmond	Amelia, Brunswick, Buckingham, Charles City, Charlotte, Chesterfield, Cumberland, Dinwiddie, Goochland, Greenville, Halifax, Hanover, Henrico, Lunenburg, Medklenburg, New Kent, Nottoway, Powhatan, Prince Edward, Prince George, Surry, and Sussex Counties and the cities of Hopewell, Petersburg and Richmond	\$479,024
Eastern Virginia HIV Care Consortium	Norfolk	Accomack, Chesapeake, Essex, Gloucester, Isle of Wight, King and Queen, King William, Lancaster, Mathews, Middlesex, Northampton, Northumberland, Richmond, Westmoreland, and York Counties and the cities of Chesapeake, Hampton, Newport News, Norfolk, Portsmouth, Suffolk, and Virginia Beach	\$539,962
Northern Virginia HIV Consortium	Annandale	Arlington, Fairfax, Loudoun, and Prince William Counties and the city of Alexandria	\$421,500
Northwest Care Consortia	Charlottesville	Albemarle, Augusta, Bath, Caroline, Clarke, Culpeper, Fauquier, Fluvanna, Frederick, Greene, Highland, King George, Louisa, Madison, Nelson, Orange, Page, Rappahannock, Rockbridge, Rockingham, Shenandoah, Spotsylvania, Stafford, and Warren Counties and the cities of Charlottesville and Fredericksburg	\$140,109
Southwest/Piedmont HIV Care Consortium	Roanoke	Alleghany, Amherst, Appomattox, Bedford, Gland, Botetourt, Buchanan, Campbell, Carroll, Craig, Dickenson, Floyd, Franklin, Giles, Grayson, Henry, Lee, Montgomery, Patrick, Pittsylvania, Pulaski, Roanoke, Russell, Scott, Smyth, Tazewell, Washington, Wise, and Wythe Counties and the cities of Danville, Lynchburg, and Roanoke	\$203,027

## Accomplishments

Clients Served, FY 1996:	3,000
Men:	69%
Women:	31%
<13 years old:	4%
13-19 years old:	1%
20+ years old:	96%
White:	31%
African American:	62%
Hispanic:	5%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%
Other, unknown or not reported:	1%
Men who have sex with men (MSM):	37%
Injecting drug user (IDU):	22%
Men who have sex with men and inject drugs (MSM/IDU):	6%
Heterosexual contact:	29%
Other, unknown or not reported:	7%

### ► Improved Patient Access

- The total number of low-income clients accessing medications increased by 120% between 1995 (850 clients) and 1997 (1,866).
- The program continues to serve approximately 71% males and 21% females, with approximately 44% being African Americans, and the predominate age group being between 30-44 years of age.
- ADAP utilization tends to follow the HIV epidemic in Virginia. HIV prevalence is now highest in the Eastern and Central Regions, where previously (until 1994) it was the Northern Region. While HIV/AIDS populations in Northern Virginia utilize a significant number of ADAP medications, increasing numbers of clients from the Eastern and Central Regions are enrolling.
- Four new medications were added to the ADAP formulary for a total of 29 drugs on the formulary in 1998.



► **Improved Patient Outcomes**

- The grantee reports a 30% decrease in deaths from AIDS by men in Virginia in 1997, a 32% decrease in deaths from AIDS by women, declining perinatal transmission of HIV infection, and more than 75% of ADAP clients receiving protease inhibitors.

► **Cost Savings**

- The cost-benefit ratio of the insurance continuation program, established in 1995 with Title II funding, proved to be so compelling that the state appropriated funds to continue the program, freeing those dollars to expand the ADAP in 1997.
- The Virginia Department of Health analyzed the ADAP database to assist in making accurate economic-model, formula-based cost projections for 1998.

► **Other Accomplishments**

- The regional AIDS Resource and Consultation Centers, in collaboration with the Mid-Atlantic Education and Training Centers, sponsored professional educational programs targeting providers of HIV/AIDS medical care in Virginia. The training was provided as a method of introducing the new treatment guidelines.
- The ADAP Advisory Committee consists of 15 members who are consumers, physicians, a nurse practitioner, a pharmacist, a human services manager, an ethicist, and an epidemiologist. All are selected based on their knowledge, contribution to the AIDS/HIV community, and geographical locations. The roles and responsibilities of the committee are to make recommendations regarding the ADAP formulary and drugs that require a medical exception. ADAP's decisions are also based on financial needs, patient numbers, and patient needs.

## AIDS Drug Assistance Program (ADAP): Virginia

ADAPs provide medications to low-income PLWH with limited or no coverage from private insurance or Medicaid. ADAP is just one of multiple sources of public and private funding for HIV treatment, the largest source being Medicaid.

### Funding History

Fiscal Year	1996	1997	1998	Total
Title II Funds	\$2,985,798	\$5,595,769	\$7,795,296	\$16,376,863
State Funds	\$687,200	\$887,200	\$887,200	\$2,461,600
Total	\$3,672,998	\$6,482,969	\$8,682,496	\$18,838,463

### Program

- ▶ Administrative Agency: Dept. of Health
- ▶ Formulary: 26 drugs, 3 protease inhibitors, 8 other antiretroviral drugs.
- ▶ Medical Eligibility
  - ▶ HIV Infected: Yes
  - ▶ CD4 Count: Yes
- ▶ Financial Eligibility
  - ▶ Asset Limit: No
  - ▶ Annual Income Cap: No
- ▶ Co-payment: No
- ▶ PLWH involvement in advisory capacity: The ADAP Advisory Committee includes PLWH.
- ▶ Enrollment cap: No
- ▶ Waiting list as of 10/98: No
- ▶ Waiting list for protease inhibitors as of 10/98: No

### Clients Served

Clients enrolled, 10/98:	1,649
Number using ADAP each month:	1,100
Percent of clients on protease inhibitors:	78%
Percent of active clients below 200% FPL:	100%

## Client Profile, FY 1996

Men:	31%
Women:	10%
Other:	58%

<13 years old:	0%
13-19 years old:	0%
20+ years old:	100%

White:	16%
African American:	24%
Hispanic:	1%
Asian/Pacific Islander:	1%
Native American/Alaskan Native:	0%
Other, unknown or not reported:	58%

## Title III: Virginia

Title III provides funding to public and private nonprofit entities for outpatient early intervention and primary care services. From FY 1991 to FY 1998, \$445.8 million was appropriated for Title III programs in the U.S.

### Funding History

Fiscal Year	1996	1997	1998	Total
Number of Programs Funded in State	0	1	2	
Total Title III funding in State	\$0	\$400,000	\$743,025	\$1,143,025

### Accomplishments

#### ► Improved Patient Access

- The University of Virginia was awarded a new Title III grant in September 1998. This program will serve counties in northwest Virginia.
- Inova HIV Services established the Northern Virginia HIV Primary Care Alliance to standardize the variety of primary medical care options that are offered at different locations throughout the region. With Title III funding, access to services has been expanded to Alexandria, Fairfax, and Prince William counties. Between May 1997 and December 1997, the grantee provided primary medical care services to 320 new clients and the reduced wait time for initial appointments throughout the region.

#### ► Improved Patient Outcomes

- Inova HIV Services throughout the northern Virginia region have established a quality improvement plan. Specific indicators that are reviewed on a regular basis include offering combination antiretroviral therapy, TB screening, and pap smears.

Title III Grantees, FY 1998

Grantee Name	Location	Service Area	Type of Organization
Inova Health Systems	Fairfax	Fairfax, Prince William and Loudoun Counties	Hospital/University-based Medical Center
University of Virginia	Charlottesville		Non-329/330/340 Health Center

## AIDS Education and Training Centers: Virginia

The AETCs are a network of 15 regional education centers (75 local performance sites covering all 50 states, Washington, D.C., Puerto Rico, and the Virgin Islands) funded by the CARE Act to train clinical health care providers, provide consultation and technical assistance and disseminate rapidly changing information for the effective management of HIV infection. Targeted providers are CARE Act-funded programs, federally funded community migrant health centers, and clinicians serving persons living with HIV infection. From FY 1991 to FY 1998, \$171 million was appropriated for AETC programs in the U.S.

- ▶ Mid-Atlantic AETC
- ▶ States Served: Delaware, District of Columbia, Maryland, Virginia, West Virginia
- ▶ Primary Grantee: Virginia Commonwealth University, Richmond, VA
- ▶ Subcontractors in State: Inova HIV Services - Fairfax

### Funding History

Year	1996	1997	1998	Total
Total AETC Funding for State	\$79,521	\$59,640	\$410,000	\$549,161

### Training Highlights from FY 1997

- Mid-Atlantic AETC performance sites conducted courses on a variety of training topics. These include:
  - “HIV Prevention Counseling: The Facts,” conducted by the performance site located at Inova in Fairfax, Virginia, provided seven hours of training on prevention of perinatal transmission, adolescents and HIV, antiretroviral therapy, early intervention and management, epidemiology, ethical/legal issues, infection control, psychosocial issues, risk assessment and sexual history taking, and substance abuse.
  - The West Virginia performance site provided a training titled “New Modalities in HIV Therapy.” Topics covered included: clinical manifestations of HIV disease; combination therapy; early intervention and management; epidemiology; ethical/legal issues; immunology/virology; viral load testing; and workplace issues. Collaborating organizations included the local hospital nursing development department.
  - A course titled, “AIDS Awareness in Howard University” was conducted by the Washington, D.C. performance site. Topics covered during the course included: adolescents and HIV; early intervention and management; epidemiology; prevention and behavior change; racial and ethnic minority issues; HIV and women; and testing and counseling.

- The STD/HIV Conference, held in November 1997 by the Delaware performance site, provided information on a wide range of HIV-related topics.
- The Maryland performance site's "AIDS Service Medical Provider Seminar" provided information on barriers to education; cultural competency; clinical manifestations; antiretroviral therapies and viral load testing; and tuberculosis.

## HIV/AIDS Dental Reimbursement Program: Virginia

The CARE Act HIV/AIDS Dental Reimbursement Program reimburses eligible dental schools and postdoctoral dental education programs for the reported, uncompensated costs of providing oral health care to PLWH. From FY 1996 (when the program was first funded by the CARE Act) to FY 1998, \$22.2 million in funding was provided for programs in the U.S.

### Funding History

Year	1996	1997	1998	Total
Number of Programs Funded in State	2	2	2	
Total HIV/AIDS Dental Reimbursement Program Funding in State	\$17,994	\$22,545	\$24,106	\$64,645

### Accomplishments

Est. clients served, 1996:	174
Men:	74%
Women:	26%
<13 years old:	6%
13-19 years old:	5%
20+ years old:	90%

### HIV/AIDS Dental Reimbursement Program Grantees, FY 1998

Grantee Name	Location
University of Virginia, Dental School	Charlottesville
Virginia Commonwealth University	Richmond